



## PRIVACY RELEASE FORM

Congressman Nick Smith  
Michigan's 7th District

Dear Congressman Smith:

I give you permission to investigate my difficulties with:

\_\_\_\_\_  
(name of federal agency or issue)

**I understand that this form is being used in compliance with the Freedom of Information Act and/or the Privacy Act of 1974.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PRINT THE FOLLOWING INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Fax Number (if available): \_\_\_\_\_

Email Address (if available): \_\_\_\_\_

Social Security Number or Applicable Case Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Briefly explain the issue in which you are requesting my assistance (or attach letter):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return this form & all necessary supporting documents to:**

Congressman Nick Smith  
110 First Street, Suite A  
Jackson, MI 49201  
(517) 783-3012 Fax

*or*

Congressman Nick Smith  
249 West Michigan Avenue  
Battle Creek, MI 49017  
(269) 965-9036 Fax